

Pinecone Preschool Employee Application



Personal Information

Name: _____ SSN: _____
(Last) (First) (Middle)

Home Address: _____
(Street Address) (City) (State) (Zip)

Home Phone: _____ Alternate Phone: _____

Position Applying For: _____ Date Available: _____

I am interested in (circle all that apply): Full Time Part Time Substitute Temporary Summer

Days and Hours Available

	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

How did you hear about us? _____ Salary Desired _____

Do you have a valid drivers license? _____ State issued: _____ License #: _____

Do you have your own transportation? _____ Date of last TB test: _____

Education

High School: _____ Yrs Attended _____ Graduated? _____ Major _____
(Name & City)

College: _____ Yrs Attended _____ Graduated? _____ Major _____
(Name & City)

Graduate School: _____ Yrs Attended _____ Graduated? _____ Major _____
(Name & City)

Other: _____ Yrs Attended _____ Graduated? _____ Major _____
(Name & City)

Specialized Skills

Current CPR Training _____ First Aid Training _____ SIDS Training _____

Languages Spoken and/or written: _____

PC Software and other equipment skills: _____

Legal

Are you a U.S. citizen? _____ If "no" can you provide valid documentation to work in the U.S.? _____

Have you ever been convicted of a felony or misdemeanor? _____ If "yes", please explain below:

Personal References

List 3 persons who have first hand knowledge of your character, personality, and experience.

Full Name: _____ Occupation: _____

Address: _____

Phone Number: _____ Relationship to You: _____

Full Name: _____ Occupation: _____

Address: _____

Phone Number: _____ Relationship to You: _____

Full Name: _____ Occupation: _____

Address: _____

Phone Number: _____ Relationship to You: _____

Business References

Please list 3 business references. Do not list relatives unless they were employees.

Name	Home Phone	Work Phone	Title/Occupation	Years Known

Employment History

List employment starting with current or most recent employer. Account for any periods of unemployment.

May we contact your current employer? _____ May we contact past employers? _____

Date (Mo./Year)	Employer	Position/Supervisor	Duties	Salary per Hour
From: _____	_____ Name	_____ Position	_____ _____ _____	Start: _____
To: _____	_____ Phone Number	_____ Supervisor	_____ _____ _____ _____	Finish: _____

Reason For Leaving: _____

Date (Mo./Year)	Employer	Position/Supervisor	Duties	Salary per Hour
From: _____	_____ Name	_____ Position	_____ _____ _____	Start: _____
To: _____	_____ Phone Number	_____ Supervisor	_____ _____ _____ _____	Finish: _____

Reason For Leaving: _____

Date (Mo./Year)	Employer	Position/Supervisor	Duties	Salary per Hour
From: _____	_____ Name	_____ Position	_____ _____ _____	Start: _____
To: _____	_____ Phone Number	_____ Supervisor	_____ _____ _____ _____	Finish: _____

Reason For Leaving: _____

